

# **EXHIBIT 12**

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Rosa Diaz Flores

Participant's Address:

11b. Villas DeCarmen st. 11 M-7 6474bo. P.R 00778

Participant's Email Address:

rosadiaz37@yahoo.com

Name of Counsel:

\_\_\_\_\_

Address of Counsel:

\_\_\_\_\_

Email Address of Counsel:

\_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

175477

Nature of Claim:

Unpaid Wages

By:

Rosa Diaz Flores

Signature

Rosa Diaz Flores

Print Name

Title (if Participant is not an individual)

RECEIVED

9-7-2021

SEP 22 2021

Date

PRIME CLERK LLC

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Rosa Diaz Flores  
Crb. Villas del Carmen  
St. 11 M-7 Gurabo  
P.R 00778

NASHVILLE TN 370

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